



Bib Data Sheet

CONFIRMATION NO. 3509

<b>SERIAL NUMBER</b> 10/709,510	<b>FILING OR 371(c) DATE</b> 05/11/2004 <b>RULE</b>	<b>CLASS</b> 252	<b>GROUP ART UNIT</b> 1714	<b>ATTORNEY DOCKET NO.</b> 47399-0034
<b>APPLICANTS</b> Donald R. STEVENSON, Dover, OH; Thomas C. JENNINGS, Shaker Heights, OH; Mark E. HARR, New Philadelphia, OH; Michael R. Jakupca, Canton, OH; <i>JMA</i>				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/086,619 03/01/2002 PAT 6,824,711 which claims benefit of 60/315,746 08/29/2001 and claims benefit of 60/314,181 08/16/2001 and claims benefit of 60/273,303 03/02/2001 <i>JMA</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE JMA</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/01/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>JMA</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 24115				
<b>TITLE</b> PHOSPHITE ESTER ADDITIVE COMPOSITIONS				
<b>FILING FEE RECEIVED</b> 2220	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	